A. FILING AN APPLICATION

Purpose:

This subcategory includes rules and procedures on (1) who may apply for assistance; (2) how a request for benefits may be filed; and (3) the minimum amount of information that must be provided to file a request.

WAC 388-406-0005 - Who may apply

Any person may file an application for cash, medical or food assistance.

- (1) For food assistance, applications may be made by a responsible household member or an authorized representative.
- (2) For medical and cash assistance, an application may be made by:
 - (a) Persons applying on their own behalf or on behalf of their dependents;
 - (b) A legal guardian or caretaker applying on behalf of a minor or incompetent person; or
 - (c) Any other person acting on behalf of the applicant when application cannot be made under one of the preceding methods. For cash assistance the person must indicate the reason the applicant is not able to apply on his or her own behalf.
- (3) For GA-U and medical programs, a Washington state resident who is temporarily living out of the state may apply through a person or agency acting on the client's behalf.

CLARIFYING INFORMATION

- 1. **Applicant**: An applicant is any member of an assistance unit who has requested assistance or for whom assistance has been requested.
- 2. **Spouses**: Both spouses must apply together when residing in the same household and applying for themselves and/or their dependents.
- 3. **Authorized Representative**: See **PAYEE** for authorized representatives designated by food assistance households. An authorized representative may

apply on behalf of a food assistance household.

- 4. **Applications by Others**: For cash and medical assistance, third parties (i.e., persons not applying for themselves or their legal dependents) may apply for other persons. A third party must:
 - a. Be sufficiently familiar with the applicant 's circumstances to complete the application accurately; and
 - b. For cash assistance, indicate the reason he or she is applying on behalf of the applicant. Valid reasons include, but are not limited to, situations in which the applicant is:
 - (1) Mentally incompetent;
 - (2) Too ill or otherwise incapacitated to apply;
 - (3) A minor child;
 - (4) Deceased;
 - (5) A resident of a domestic violence shelter when leaving the shelter may be a physical danger; or
 - (6) For GA-U and medical programs, temporarily residing outside the state.

WAC 388-406-0010 - Filing an application.

- (1) A person may file an application by submitting a written request for benefits using a form designated by the department, to the applicant's local community service office (CSO) in person or by mail.
 - (a) A person may file an application on the same day that benefits are requested when the request is made in the applicant's local CSO during regular business hours.
 - (b) A household applying for food, medical and/or cash assistance may do so by submitting a single request for benefits.

- (c) For food assistance, a household consisting only of clients applying for or receiving Supplemental Security Income (SSI) may file an application at the local Social Security Administration District Office (SSADO).
- (d) Clients who receive SSI or who are otherwise determined eligible for Medicaid by the Social Security Administration will be authorized medical assistance without being required to file a separate application with the department.
- (2) The request for benefits form must be as brief as administratively possible and seek information ordinarily known to the applicant, including:
 - (a) The name and address of the applicant;
 - (b) The type of assistance requested (i.e., food, medical and/or cash assistance);
 - (c) For medical and cash assistance:
 - (i) The applicant's telephone number, if known; and
 - (ii) The names, birthdates and social security numbers, if known, of all persons for whom assistance is requested; and
 - (d) For TANF and SFA, the names, birthdates and social security numbers, if known, of:
 - (i) All children under the age of nineteen who are living in the home and who are siblings of any child for whom assistance is being requested; and
 - (ii) All parents, if living in the home, of any child for whom assistance is requested.
 - (e) An application is required for a medically needy program client who requests eligibility beyond the certification period.
- (3) To initiate an application, the filed request for benefits form must include:

- (a) The name and address of the applicant; and
- (b) The signature of the applicant or the applicant 's representative.

CLARIFYING INFORMATION

- 1. **Opportunity to Apply**: CSOs must make application forms readily available and provide a form to anyone requesting one. When a person requests that an application form be mailed to them, send it the same day of the request. CSO staff must help a client complete the application forms when necessary.
- 2. **Request for Benefits**: The application is filed when a signed request for benefits is accepted by the CSO. A request for benefits includes the following:
 - a. The ACES Request for Benefits (RFB);
 - b. Part 1 of the DSHS 14-001(X) Application for Benefits; or
 - c. The DSHS 14-078(X), Eligibility Review when:
 - (1) Medical benefits are closed and less than 30 days have elapsed since the end of the last medical certification period;
 - (2) A medical recipient applies for cash assistance;
 - (3) A recipient of cash assistance applies to have someone other than a newborn added to the cash grant; or
 - (4) Cash assistance was terminated because a completed eligibility review form was not received by the CSO and the former recipient reapplies within one calendar month following the date of termination.
 - d. Application form instead of the Application for Benefits, DSHS 14-001(X) when the SSI household resides in Washington but is served by the Lewiston SSA district office.
- 3. Criteria for Assessing Emergent Need: Emergent need exists when the

applicant cannot wait for a regular appointment because the applicant:

- a. Is pregnant;
- b. Has no money, food coupons, or food;
- c. Verifies receipt of a written eviction notice;
- d. Verifies receipt of a utility shutoff notice;
- e. Is out of heating oil, etc.;
- f. Has no shelter;
- g. Has an emergent need for transportation;
- h. Is residing in a shelter for victims of domestic violence; or
- i. Is experiencing any other situation the CSO considers an emergency.
- j. (See the **Food Assistance Expedited Service** subcategory for determining whether the applicant is entitled to expedited service for food assistance.)
- 4. See the **Special Situations** subcategory for the following situations:
 - a. Applicant Temporarily Out of State
 - b. Medical Applications by Inmates of City or County Jails
 - c. Trial Visit Program
 - d. Persons Paroled and Released from State Correctional Institutions

WORKER RESPONSIBILITIES

- 1. **In-Person Requests**: CSO Staff should refer persons requesting assistance to the screener. The screener will begin the application process.
- 2. **Telephone Requests**: When a client calls the CSO to apply, they must:
 - a. Come into the CSO for screening to sign the "Request for Benefits" or
 - b. Complete and submit an application form.

- 3. **Applicant Lives Outside of the CSO Catchment Area**: Screen all applications to determine that the application is in the correct CSO. If the applicant lives outside of the CSO catchment area:
 - a. But is unable to return to his or her home for a temporary period, accept the application for processing in the CSO. Such temporary absences from the home include, but are not limited to, the applicant 's temporary stay in a:
 - (1) Hospital or nursing home;
 - (2) Shelter for victims of domestic violence; or
 - (3) Emergency shelter or other living arrangement when the applicant is a victim of a natural disaster (e.g., flood).
 - b. For all other cases, if the application was:
 - (1) Received in the mail:
 - (a) Forward the application to the correct CSO;
 - (b) Notify the applicant that the application was forwarded; and
 - (c) Give the applicant the name and location of the CSO in their catchment area.
 - (2) Submitted in person, but not accepted (date stamped) by the CSO, direct the applicant to the CSO in his or her catchment area;
 - (3) Submitted in person and accepted by the CSO in error; give the applicant the option to:
 - (a) Withdraw the application;
 - (b) Have the CSO forward the application to the correct CSO the same day it was received; or
 - (c) Complete the application in the CSO that accepted the application.

(4) See **Completing The Application Process** for instructions on processing these applications after eligibility has been determined.

4. Procedure for Emergent Need

- a. Once the CSO determines emergent need:
- b. Interview the client as soon as possible by:
 - (1) Scheduling a "no-show" appointment; or
 - (2) Scheduling the earliest possible appointment if no other option is available.
 - (3) Note: The interview for a food assistance applicant who qualifies for expedited service must be scheduled to ensure timely benefit issuance as required under WAC 388-406-0015. If the client is also applying for medical and/or cash assistance, an additional interview cannot be required to determine eligibility for those programs. For more information see the Expedited Service For Food Assistance subcategory.

ACES PROCEDURES

Client screening is the first ACES function that is accessed when working with applicants or existing clients. Screening performs six major tasks in the eligibility process:

- Records the client's request for assistance and begins timeliness tracking,
- Clears names of all individuals requesting assistance and assigns Client IDs if needed,
- Suggests possible programs and medical coverage groups,
- Groups all screened clients into AUs by program and assigns AU IDS,
- Accumulates the entered data and prints a Request for Benefits(RFB) for the client's signature, and
- Determines expedited services or emergent processing.
- 1. Access "screening"

- a. From the AMEN, type [J] for SCREENING. <TRANSMIT>
- b. (NAME) screen displays. This screen is used to collect name and address information for the Head of Household. The person listed on this screen is listed as the Head of Household for all AUs requested during screening. On this and other screens, ACES pre-fills some fields with their most commonly used valid values. The worker must check for accuracy and change if necessary.
- c. Type the applicant's name.
- d. Type the applicant's street address. enter the phone number.
- e. Type the mailing address to indicate where notices should be sent (only if different from the residential address). <TRANSMIT>

2. Choose Application Type

- a. (KIND) screen displays. This screen begins the Informed Choice processing, enabling ACES to make a "best guess" of the benefits for which the AU is eligible and may want to apply. This guess is based on unverified information concerning the circumstances of the AU.
- b. Use the (KIND) screen to specify one or more categories of assistance for which the applicant wishes to apply.
- c. Type [Y] in the field to the left of each type of assistance desired. <TRANSMIT>

3. Enter General Information

- a. (CIRC) screen displays. The household's financial and special circumstances are entered on this screen. ACES uses this data to determine which benefits the household may be eligible for and to develop a list of the appropriate assistance programs for the application. This data is not saved at the end of screening.
- b. Enter earned income type (<F1>) and amount.
- c. Enter unearned income type (<F1>) and amount.

- d. Enter resource type (<F1>) and amount.
- e. Enter shelter costs.
- f. Indicate, by typing a [Y] to the left of any of the 10 options beneath the SELECT heading, whether any of these criteria are applicable to the client. If none apply, leave this portion of the screen blank. <TRANSMIT>

4. <u>Inputting Household Members</u>

- a. (MEMB) screen displays. The worker enters all the demographic information for each household member on this screen. The system the retrieves a pre- existing Client ID or assigns a new one.
- b. The first (MEMB) screen is for the Head of Household. The name and relationship fields are pre-filled.
- Enter the applicant's date of birth and the valid value for the verification.
 <F1>
- d. Enter the gender of the client.
- e. Enter the race valid value. <F1>
- f. Enter the social security number.
- g. If pregnant, type [Y] in the (Preg) field and enter the due date. <TRANSMIT>

5. Check Client Information

- a. (NMCL) screen displays. ACES goes through a statewide Name Clearance process every time a client is added. The purpose of Name Clearance is to ensure that each client is assigned a unique Client ID. Each client will retain the same Client ID for their lifetime on the system.
- ACES compares the new member data with existing client data. ACES displays a list of possible matches for SSN, primary name, and each alternate name.

- c. View all possible matches. Verify these matches carefully to ensure that you do not assign the same Client ID to several clients or several IDs to one client.
- d. If one matches, type [Y] in the (Sel) field next to that Client ID and <F20>. If there are no matches, type [Y] in the (Assign New Client ID) field and <TRANSMIT>.
- e. ACES returns to (MEMB) screen and displays the Client ID.
- f. If there are additional household members, type a [Y] in the (More Members) field. Repeat all steps for each member.
- g. If there are persons living in the home who are not required to be included in the AU and who are not applying for assistance, do not enter them into ACES.
- h. Once all members have been entered, leave the (More Members) field blank and <TRANSMIT>.

6. Choose Assistance Programs

- a. (INCH) screen displays. The Informed Choice (INCH) screen provides the applicant with the results of ACES informed choice processing. This screen is used to indicate the programs for which the applicant has chosen to apply. Based on information entered throughout screening, the system will display suggested programs for which the applicant can apply. However, different or additional programs may be requested as well.
- b. A separate AU ID appears for each program listed if there is a history of the AU ID in ACES.
- c. Type [Y] in the (Ind) field to the left of the programs for which the client wishes to apply.
- d. If the client desires a program not listed, type [Y] in the (Ind) field and type the program codes beneath the list of system-provided options.

Note: ACES will not select an undocumented medical AU. You must manually type

in this option.

- e. Based on information entered, ACES will initially determine a client as entitled to an expedited food stamp interview by prefilling the (Expedited Food Stamps) field with a [Y]. Change if necessary.
- f. Enter the application date.
- g. If the applicant has not completed and signed a pre-printed RFB, <F20> to request a print of an ACES-generated RFB with screening data. Attach a Rights and Responsibilities form.
- h. <TRANSMIT> to process information.

7. Complete Screening

- a. (SCDI) screen displays. This screen is used to schedule an appointment and assign a financial worker to the AUs. It is also used to indicate an applicant's decision to withdraw an application for assistance.
- b. To indicate withdrawal of the application, type [Y] to the right of the appropriate withdrawal field.
- c. If the application is withdrawn before the RFB is signed, ACES discards all of the screening data.
- d. If the application is withdrawn after the RFB is signed, ACES keeps the data with a denied status and sends a Denial Notice to the client.
- e. To schedule an interview appointment for the client, fill in the appropriate fields under the SCHED INTERVIEW heading. See **Interview** for more information.
- f. If you wish to inquire or add to any narrative for the applicant, type [Y] in the (Review/Update Narrative for HOH) field. You will not be able to return to the (SCDI) screen from the (NARR) so make sure the information is complete and accurate.
- g. <TRANSMIT> or, if no appointment scheduled, <F20> to process.

- h. ACES returns to the AMEN with message "0019- Update Completed Successfully" displayed at the bottom of the screen. This completes the screening process.
- i. Incorrect AUs can be corrected during Interview or by adding a program; however valuable time is saved by ensuring the case is setup correctly during Screening.